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	Application Num	nber 09/461,646
TRANSMITTAL	Filing Date	14 December 1999
FORM	First Named Inve	entor Gary R. Grotendo RECEIVED
(to be used for all correspondence after initial filir	Group Art Unit	1647
	Examiner Name	L. Spector MA 0 9 2002
Total Number of Pages in This Submission	Attorney Docket N	Number FP0809 US TECH CENTER 1600/290
EN	ICLOSURES (check all t	that apply)
Fee Hansmittal Form    (figure   Fee Attached   Discourage   Discourag	ssignment Papers or an Application) rawing(s) censing-related Papers etition Routing Slip (PTO/Sl nd Accompanying Petition etition to Convert to a rovisional Application ower of Attorney, Revocation hange of Correspondence ddress erminal Disclaimer mall Entity Statement equest for Refund	Status Letter
Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53		
	PPLICANT, ATTORNE	
Firm Or Individual name  LEAUNC C. Christopher Turner, P	PRICE De h.D. Reg. No. 45,167	g No. 42,090
Signature Janua C	1 pie	
Date 23 Apri	el Od	
CERT	IFICATE OF MAILING	3
I hereby certify that this correspondence is being denvelope addressed to: Assistant Commissioner for	eposited with the United St	tates Postal Service as first class mail in an
Typed or printed name Carolyn C. Caire	S	
Signature Caroly C. Car	u T	Date 23 April 2002

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PTO/SB/17 (10-01)

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## **FEE TRANSMITTA** for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

Signature

460

Complete if Known Application Number 09/461,646 Filing Date 14 December 1999 Gary R. Grotendorst First Named Inventor **Examiner Name** L. Spector Group Art Unit 1647 Attomory Dealest No EDUOVO LIC

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	Attorney Docket N	10.   FP0809 US	FOH CEN		
METHOD OF PAYMENT	FEE	CALCULATION (continued)	-UII UEIY		
1. X The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to:  Deposit	Large Small				
Account   50-0811	Entity Entity				
Number	Fee Fee Fee Fee Code (\$) Code (\$)	Fee Description	Fee Paid		
Oeposit Account Name FibroGen, Inc.	, , , , , , , , , , , , , , , , , , , ,	urcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		urcharge - late provisional filing fee or over sheet			
Applicant claims small entity status.	139 130 139 130 No	on-English specification			
See 37 CFR 1.27	147 2,520 147 2,520 Fe	or filing a request for ex parte reexamination			
2. Payment Enclosed:  Check Credit card Money Other	112 920* 112 920* R	Requesting publication of SIR prior to examiner action			
FEE CALCULATION		Requesting publication of SIR after			
	_	Extension for reply within first month			
1. BASIC FILING FEE		xtension for reply within second month			
Large Entity Small Entity Fee Fee Fee Fee Description		xtension for reply within third month	460		
Code (\$) Code (\$) Fee Paid		xtension for reply within fourth month			
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106 330 206 165 Design filing fee		lotice of Appeal			
107 510 207 255 Plant filing fee		iling a brief in support of an appeal			
108 740 208 370 Reissue filing fee		equest for oral hearing			
114 160 214 80 Provisional filing fee		etition to institute a public use proceeding			
<b>SUBTOTAL (1)</b> (\$) 0		etition to revive - unavoidable			
2. EXTRA CLAIM FEES					
Fee from	· · · · · · · · · · · · · · · · · · ·	etition to revive - unintentional tility issue fee (or reissue)			
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Large Entity Small Entity		rocessing fee under 37 CFR 1.17(q)			
Fee Fee Fee Fee Description	126 180 126 180 Su	ubmission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		ecording each patent assignment per operty (times number of properties)			
102 84 202 42 Independent claims in excess of 3		ling a submission after final rejection 17 CFR § 1.129(a))			
104 280 204 140 Multiple dependent claim, if not paid		or each additional invention to be			
109 84 209 42 ** Reissue independent claims over original patent		xamined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Re	equest for Continued Examination (RCE)			
and over original patent	169 900 169 900 Re				
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**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fe	ee Paid SUBTOTAL (3)	460		
	E( IV) (42090) A	Complete (if applicable)			
Name (Print Type) Christopher Turner, Ph.D.	(Attorney/Agent)	45,167 Telephone 650-866	-7200		

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